ANNUAL REPORT
1995

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAR -1 PM 2:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001244 (2)

1. Corporation Name
CENTRAL FLORIDA FOREIGN-TRADE ZONE, INC.

Principal Place of Business	Mailing Address
1903 S 25 ST FT PIERCE FL 34947	POB 2757 FT PIERCE FL 34954-2757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/04/1994
3a. Date of Last Report:
4. FEI Number: 59-3231002 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MINTON, MICHAEL D
1903 S 25 ST
FT PIERCE FL 34947

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOONEY, JOHN B JR ~~801 S OCEAN DR #708~~ 807 N. HOWARD ST. APT. 424 ~~FT PIERCE FL 34949~~ ALEXANDRIA, VA 22304	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR GIBBONS, JAMES J. 1212 S. 13TH STREET FORT PIERCE, FL 34950
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D O'HANNA, DAVID L 10410 S OCEAN DR JENSEN BEACH FL 34957	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☒ Addition EXECUTIVE DIRECTOR MORRIS ADGER 2300 VIRGINIA AVENUE FORT PIERCE, FL 34982
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROWLEY, JANE E 8019 S US ONE PORT ST LUCIE FL 34952	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition O'HANNA, DAVID L. (DELETE)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR SMITH, VERNON 2211 OKEECHOBEE RD. FORT PIERCE, FL 34952
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR SWART, JOHN S. 590 NW PEACOCK BLVD, SUITE 3 PORT ST. LUCIE, FL 34986
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000014